## 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # S67940 1. Entity Name HILLSBOROUGH FENCE, INC. Principal Place of Business Mailing Address **6211 W HILLSBOROUGH AVE 6211 W HILLSBOROUGH AVE TAMPA. FL 33634** TAMPA, FL 33634 D 6. Name and Address of Current Registered Agent

**FILED** Apr 16, 2008 08:00 A Secretary of State

Applied For

Not Applicable



NOT WRITE IN THIS SPACE	04062008	No Chg-P	CR2E034 (1	1/0	5)
O NOT WRITE IN THIS SPACE	4. FEI Number 59-3075	268			A

\$8.75 Additional 5. Certificate of Status Desired Fee Required

MILEY, LAWRENCE 6211 W HILLSBOROUGH AVE TAMPA, FL 33634

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	SIGNATURE Signature, typed or printed name of registored agent and tritle if applicable. (NOTE: Registored Agent signature required when reinstating)  OATE						
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000901446 04/29/08-80068-023 150.00		
10.	OFFICERS AND DIREC	CTORS			<del></del>		
TITLE NAME STREET ADORESS CITY-ST-ZIP	DP MILEY, LAWRENCE 6211 W HILLSBOROUGH AVE TAMPA, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TURNER, LEONARD 205 LAKE CHARLES CT OLDSMAR, FL 34677		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CFTY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. LAWRENCE GMIKY JR

SIGNATURE: (	- Lawrence	A Mag 9	LAWRENCE
•	SIGNATURE AND TYP	ED OR PRINTED HAME O	F SIGNING OFFICER OR DIRECTOR

4-14-08

813-737-9696

Daytime Phone #